



Bib Data Sheet

CONFIRMATION NO. 2254

<b>SERIAL NUMBER</b> 10/560,654	<b>FILING OR 371(c) DATE</b> 05/01/2006 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 75632/JPW/JW
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**

Omry Ben-Ezra, Jerusalem, ISRAEL;  
 Ehud Cohen, Ganei Tikva, ISRAEL;  
 Tamir Ben-David, Tel Aviv, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IL04/00496 06/10/2004 which claims benefit of 60/478,576 06/13/2003 and is a CIP of 10/461,696 06/13/2003

Verified JMD

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none JMD

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 08/18/2006

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature:  Initials: JMD				

**ADDRESS**

23432

**TITLE**

Vagal stimulation for anti-embolic therapy

<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---